



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL
P. O. BOX 1416, ABINGDON, VA 24212
TELEPHONE: (276) 676-5423

APPLICATION FOR PAYMENT NO. ____ Page 1 of ____
PROJECT _____ CONTRACT NO. _____ CONTRACTOR _____
_____ CONTRACT TYPE _____ CONTRACT FOR _____
_____ CONTRACT DATE _____ APPLICATION DATE _____
NOTICE TO PROCEED _____ FOR PERIOD _____ TO _____ PROJECT _____
COMPLETION _____

SUMMARY OF PAYMENT REQUEST

TOTAL UNIT-PRICED ITEMS (FROM PAGE 2).....\$ _____
TOTAL COST-PLUS ITEMS (FROM PAGE 3)..... _____
TOTAL FROM APPROVED CHANGE ORDERS..... _____

SUBTOTAL.....\$ _____
LESS 5% RETAINAGE, IF APPLICABLE..... <- _____>

TOTAL AMOUNT DUE - THIS APPLICATION..... \$ _____
TOTAL AMOUNT PREVIOUSLY BILLED TO THIS PROJECT..... _____
TOTAL AMOUNT BILLED TO THIS PROJECT TO DATE..... _____

STATE OF _____ COUNTY OF _____

The undersigned Contractor certifies that the Work covered by Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by him for Work for which previous Certificates for Payment were issued and payments received from the DGO, and that the current payment shown herein is now due.

CONTRACTOR

FOR: _____
BY: _____
TITLE: _____

SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF
19____, IN THE PRESENCE OF

(SEAL)

NOTARY PUBLIC
MY COMMISSION EXPIRES _____ 19____

I DO CERTIFY THAT I HAVE CAREFULLY INSPECTED THE WORK AND
AS A RESULT OF MY INSPECTION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE QUANTITIES SHOWN IN THIS ESTIMATE ARE
CORRECT AND HAVE NOT BEEN SHOWN ON PREVIOUS ESTIMATES, AND THE WORK HAS BEEN PERFORMED IN ACCORDANCE WITH
THE CONTRACT DOCUMENTS.

FOR DGO: BY _____ TITLE _____ DATE _____

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CONTRACTOR_____CONTRACT TYPE_____

CONTRACT FOR

_____ CONTRACT DATE _____

APPLICATION DATE _____ NOTICE TO PROCEED _____

FOR PERIOD

_____ TO _____ PROJECT COMPLETION _____

PAYMENT REQUEST - UNIT-PRICED ITEMS

[illegible]

Continue to another sheet if necessary

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PAYMENT REQUEST - COST-PLUS ITEMS
(ATTACH COPIES OF ORIGINAL BILLING STATEMENTS)

WORK ITEM	BY: (COMPANY, SUBCONTRACTOR, PERSON)	COST
	TOTAL ACTUAL COST	\$ _____
	10% OF TOTAL ACTUAL COST	_____
	TOTAL COST-PLUS ITEMS	\$ _____

Continue on another sheet, if necessary.

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Page __ of

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FOR PERIOD_____ TO_____	PROJECT COMPLETION_____

CREDITS DUE

CREDIT ITEM (SALE OF SALVGE ITEMS, BILLING ADJUSTMENT, ETC.) PROVIDE DETAILS, INCLUDING BUYER OF SALVAGE, REASON FOR ADJUSTMENT, ETC.	CREDIT AMOUNT
TOTAL ACTUAL CREDIT	\$ _____
LESS 10% OF TOTAL ACTUAL CREDIT, IF APPLICABLE (FOR CONTRACTOR EXPENSE)	_____
<u>TOTAL CREDIT APPLIED TO CONTRACT</u>	<u>\$ _____</u>

Continue on another sheet, if necessary.